

| MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) | | | | | | | SERIAL NO. <div style="font-size: 1.2em; font-family: cursive;">10/594097</div> | | FILING DATE | | | | |
|--|----------|------|------------------------------------|------|------------------------------------|------|--|----------|-------------|------------------------------------|------|------------------------------------|------|
| | | | | | | | APPLICANT(S) | | | | | | |
| CLAIMS | | | | | | | | | | | | | |
| | AS FILED | | AFTER 1 st AMENDMENT | | AFTER 2 nd AMENDMENT | | | AS FILED | | AFTER 1 st AMENDMENT | | AFTER 2 nd AMENDMENT | |
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| TOTAL IND. | 2 | ↓ | 2 | ↓ | | ↓ | | | ↓ | | ↓ | | ↓ |
| TOTAL DEP. | 7 | ← | 11 | ← | | ← | | | ← | | ← | | ← |
| TOTAL CLAIMS | 9 | | 13 | | | | | | | | | | |